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008791 7590 05/09/2006						•		
BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD SEVENTH FLOOR					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
LOS ANGELES, CA 90025-1030 08/17/2006 RMEBRAH1 00000042 09887304					In Chung (Depositor's name)			
					J 1/1		(Signature)	
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP				L	8/9/06	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/887,304 06/22/2001			Clayne B. Robison		n	42390P11655	6816	
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE I	PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	08/09/2006	
EXAMINER		ART UNIT		CI	LASS-SUBCLASS	1	33,33,233	
SHAH, SANJIV		2624			715-507000	j		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page list							1 0 1 1 6	
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Blakely, Sokoloff, Taylor & Zafman LLP					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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		elow, no assignee of this form is NO				nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Intel Corporation			Santa Clara, California					
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	atent) :	☐ Individual 🔀 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	41	4b. Payment of Fee(s):						
Issue Fee		A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).							
	(from status indicated above MALL ENTITY status. See		☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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